

Reporting of Foodborne Disease Outbreaks in California

Foodborne disease outbreaks (FBDOs) should be reported on the standard form

“Investigation of a Foodborne Disease Outbreak”, CDC 52.13,

current version dated 10/2000. To ensure inclusion with local health statistics, the completed report should first be forwarded to the

- ❑ **Local Health Department (LHD) Communicable Disease (CD) reporting clerk.** The LHD’s CD reporting clerk should forward the FBDO report, as with all other CD case history reports specified on the Weekly Morbidity by Place of Report (WMPR), and should forward the WMPR, to the
- ❑ **Infectious Diseases Branch’s Surveillance & Statistics Section (SSS).** A narrative report is encouraged and can be attached, but the narrative report cannot be a substitute for providing the standard report form. The FBDO report will be reviewed by our medical epidemiologists and entered by SSS staff into CDC’s database Electronic Foodborne Outbreak Reporting System (EFORS).

Last year, California joined many other states in electronic reporting to CDC through EFORS. The CDC will no longer need a hard copy of FBDO reports which had been sent by state health departments to CDC.

LHDs should NOT report directly to CDC. The State Department of Health Services is solely responsible for transmitting communicable disease data to CDC, including FBDOs. Whenever diseases are individually reportable (e.g., *Salmonella*), individual confirmed cases should be reported through AVSS, as well.

To ensure a smooth reporting process, we request that LHDs follow these basic guidelines when completing the FBDO report form:

- 1) Please report **all** foodborne outbreaks that are investigated, even if the etiologic agent is not confirmed (indeed, most outbreaks do not have confirmed agents) and even if a food vehicle cannot be implicated. Send in the form only **AFTER** you have obtained all the information possible; in other words, please do not send preliminary reports.
- 2) To ensure accurate data entry, we request your cooperation in answering all of the questions. Do not assume that an unchecked item will be considered “no.” If information is not available, please attach a note; avoid writing **on** the form. If data are conflicting, EFORS may not accept them, follow-up will be necessary, and the reporting process will be delayed. Please pay attention to whether the item asks for cases (items #3, #5, #11, #14 [=numerator]) or the total number of people investigated, whether ill or not (item #14 [=denominator]).
- 3) “Estimated total ill” in item #3 has to be equal or greater than the sum of the “lab-confirmed” and “probable” cases. The “estimated total ill” should also be greater than or equal to “total cases (ill) for whom you have information available” in item #11. EFORS

has logic capacity and will not accept the data if the value in #11 is greater than the value in #3.

- 4) For items #4 and #5, the requested percents should be in **whole** numbers.
- 5) On item #6, “Investigation Methods,” if the box is checked for either the Case-control or the Cohort study, please attach the appropriate table to the report.
- 6) The implicated food in item #7 refers to the dish (e.g., lasagna), not the ingredients. The ingredients for the dish, (e.g., pasta, sauce, eggs, and beef), should be listed separately as “main ingredients” in item #15.
- 7) If the organism is identified in a food, please indicate this in item #8 and attach the laboratory slip that provided that finding. For some organisms, such as *Clostridium perfringens*, we will also need the concentration of organisms found in the food.
- 8) Do not overlook the subsection for ill food workers in item #9. Again, please do not assume that an unchecked item will be considered “no.”
- 9) The total “cases” for whom you have information available in item #11 should be only of ill individuals. The information that is being collected refers to the symptoms among ill persons.
- 10) Items # 12 & 13: please be sure to circle the unit of time for incubation and duration of illness.
- 11) If a food vehicle is identified, please attach your agency report or, at least, attach a table of the results from your cohort or case-control study (including statistical test results). Alternatively, attach a lab slip showing that the agent was isolated from a food vehicle. These data are used to classify food vehicles as suspected or confirmed.
- 12) Items # 16 & 17: “Private home” can be any house where food was prepared or eaten, not necessarily the home of a case-patient.

FBDO data will be included in our monthly summary report “California Monthly Summary Report, Selected Reportable Diseases,” which is posted on the DCDC website:

<http://www.dhs.ca.gov/ps/dcdc/html/cdtables.htm>

The FBDO report form and, for counties that report through AVSS, instructions for entry of foodborne disease outbreaks into AVSS can be accessed on the DCDC form site which is password protected. If you have any questions or need consultation regarding foodborne diseases/outbreaks, please contact Dr. Janet Mohle-Boetani or Dr. Ben Werner, both at (510) 510-2566. If you have any questions regarding the reporting process, please contact Shu Sebesta at (916) 552-9778.

We appreciate your continuing efforts in reporting communicable diseases and outbreaks in a timely manner.